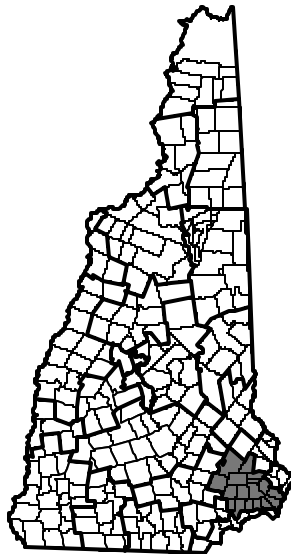


Exeter Healthcare Service Area Regional Health Profile



This narrative is part of a larger effort, the *New Hampshire Regional Health Profiles*, and grew out of a mandate established by the Legislature in its passage of SB 183 in 1999. That bill amended RSA 126A to include a requirement for the Department of Health and Human Services to continually assess the health status of the State's residents and to make its findings available in a report issued every two years.

This narrative was jointly developed by the Dartmouth Hitchcock Alliance and the Department and is the first to be issued under this legislation. The *Regional Profiles* provide a means for residents, community leaders, planners and providers to gain a better understanding of the health status of the State's residents and communities.

The *Regional Profiles* provides information that can be used to establish local *Healthy New Hampshire 2010* targets and to meet the needs assessment expectations of the State's Community Benefits legislation

Overview of the HSA

The Exeter Healthcare Service Area (HSA) consists of seventeen towns. Based on the 1998 population estimate, Exeter and Hampton are the largest towns in the HSA, though together they account for just over 30% of the population of the area. Compared with the ages of New Hampshire residents as a whole, the residents of the Exeter Healthcare Service Area are approximately of the same proportions except for ages 25 to 44, which are over represented, and ages 18 to 24, which are under represented. The figure on the next page presents a graphic comparison of the HSA and State populations.

Town Name	1998 Pop Est	% of HSA Pop	% of HSA Self Pay Admissions	Ratio of Self-Pay Admissions to Pop Pct	1996 Per Capita income	Pop Density (persons per sq. mi.)	Miles to Nearest Hospital*
Brentwood	3,003	3%	0%	0.0	\$22,514	177	5
Danville	3,622	4%	2%	0.4	\$19,756	311	10
East Kingston	1,647	2%	2%	1.3	\$19,668	166	7
Epping	5,572	6%	8%	1.3	\$16,926	214	10
Exeter	13,409	15%	21%	1.4	\$23,513	679	-
Fremont	3,166	4%	2%	0.6	\$18,968	184	15
Hampton	13,342	15%	22%	1.4	\$23,910	970	7
Hampton Falls	1,755	2%	2%	0.9	\$29,974	142	7
Kensington	1,787	2%	0%	0.0	\$24,262	149	3
Kingston	5,838	7%	7%	1.0	\$23,362	294	8
Lee	4,093	5%	0%	0.0	\$21,630	205	15
Newfields	1,332	2%	1%	0.6	\$23,085	188	5
Newmarket	7,715	9%	10%	1.2	\$17,767	614	7
North Hampton	3,984	4%	4%	0.8	\$30,131	286	7
Nottingham	3,251	4%	3%	0.8	\$20,198	70	18
Raymond	9,246	10%	12%	1.1	\$15,358	321	13
Stratham	5,810	7%	4%	0.6	\$28,035	384	3
HSA Total	88,572				\$21,898	292	
New Hampshire	1,185,000				\$18,697	132	

* = Nearest Hospital may be in a different HSA

- 1998 Population Estimate = New Hampshire Office of State Planning.
- Percent of HSA Self Pay Admissions = Each community's share of individual overnight hospital admissions for the full HSA that are recorded as "Self Pay" on the Uniform Hospital Discharge Data Set for 1998.
- Ratio of Self-Pay Admissions to Population Percentage = Percent of HSA self-pay admissions divided by the percent of HSA population. A higher ratio reflects a greater proportion of individuals within a community who must cover the costs of hospitalization from their personal resources, i.e., they do not have health insurance coverage for the hospitalization.
- 1996 Per Capita Income = Office of State Planning, from the Department of Revenue Administration.
- Population Density = Total square miles from the Office of State Planning, divided by the 1998 Population Estimate.

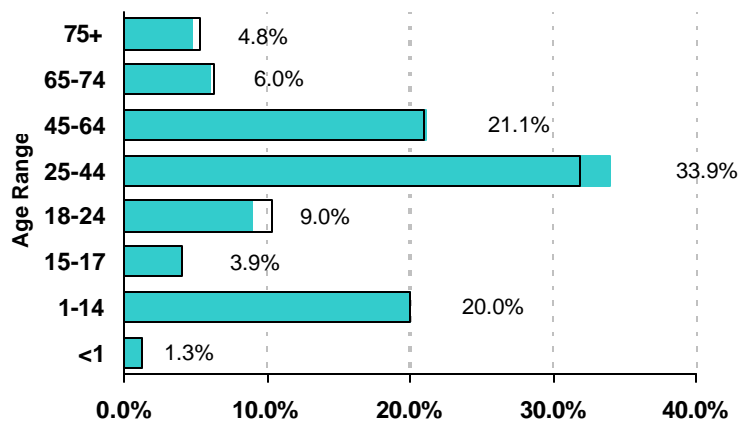
- Miles to Nearest Hospital = mileage from a community to the nearest hospital that may not be the hospital(s) in the HSA, as given in the *1999 New Hampshire Community Profiles*, published by the State Occupational Information Coordinating Committee (SOICC) of New Hampshire.

Demographic Profile

Percentage of Population by Age

Shaded and Labeled bars = HSA population profile

Outlined bar = State population profile



Graphics are based on data provided in the Primary Care Data Set, 1993-1997, which stated “State, city, and town population counts for New Hampshire have been obtained by applying the proportions from the 1995 New Hampshire Population Projections for Counties by Age and Sex to the 1995 Population Estimates of New Hampshire Cities and Towns; both of which were prepared by the New Hampshire Office of State Planning (OSP). The population figures for 1995 were chosen for use in calculating rates since this year represents the midpoint of the five years of study, 1993 through 1997... Since the town-specific age and sex population estimates are based on town-wide estimates applied to county level projections, it is assumed that there is an unknown amount of error in the individual components of the estimates. However, when combining towns together to construct HSAs, much of the variability in the town-specific estimates is assumed to be canceled.” *Primary Care Access Data, 1993-1997*

Limited data on population and households from the national 2000 census is provided in the Census 2000 section of the *Regional Profiles*. That data will be updated at the *Regional Profiles* website as it becomes available and should be used when reviewing the “Additional Indicators” section below.

Health Profile

The points offered below are provided as an overview of the health of the HSA in the three **Regional Profile** focus areas: *Current Health*, *Use of Health Care* and *Risks to Future Health*. These are provided as a representative sample of findings presented in the data tables and should not be construed as the most important findings. Readers are urged to review the data tables to better understand the conditions and circumstances of this HSA.

In some instances, the differences between the HSA and the State are described as significant. This refers to a difference being “statistically significant.”

- When the source of the data is the 1999 NH Health Insurance Coverage and Access Survey (NH HICAS), the difference is significant at the 95% confidence level, i.e., when the range between the upper and lower confidence intervals for the HSA is higher or lower than the range for the State confidence interval (the confidence ranges do not overlap).
- When the source of data is the Primary Care Access Data set (PCAD), a difference is also significant at the 95% confidence level, based on a “z test score,” a test for statistical significance, i.e., when this test statistic is “significant,” there is 95% confidence that the rates being compared are different for reasons other than “random chance.”
- Because a finding is statistically significant, i.e., not due to chance alone, the difference may not be of sufficient magnitude to be practical or meaningful to understanding the health issue or for developing strategies.
- A finding that a difference is not statistically significant may not mean that there is no value to paying attention to the difference, i.e., not being statistically significant does not mean that it is not important or necessary to consider the underlying health issues for indicators that are different between the HSA and the State, particularly on indicators that seem to show a trend or relationship, such as between indicators associated with births.

All rates in this narrative have been age-adjusted. The calculation of age-adjusted rates makes it possible to compare the rates between an HSA and the State. The proportion of the population in each age range varies from HSA to HSA and between an HSA and the State. Thus, it would be misleading to compare HSA rates to the State rate unless the rates were adjusted for this variation in the distribution of age ranges.

Please refer the *Technical Notes* section for an explanation of the age-adjustment calculation and the calculations for statistical significance and confidence intervals.

Unless noted in the text, the data date and source are given in [] at the end of each point. Key to abbreviations:

- NHES = New Hampshire Employment Security.
- NH HICAS = *New Hampshire Health Insurance Coverage and Access Survey, 1999*; Office of Planning and Research, Department of Health and Human Services.
- PCAD = *Assessing New Hampshire's Communities: Primary Care Access Data, 1993-1997*; Health Statistics and Data Management Bureau, Office of Community and Public Health.
- UHDDS = Uniform Hospital Discharge Data Set, maintained by the Health Statistics and Data Management Bureau, Office of Community and Public Health.
- US Census = Taken from 1990 Census of Population and Housing Summary Tape File 3A (STF3A), 1990 US Census data, US Department of Commerce.

Observations on Current Health

- 97.2% of the residents under age 65 in the Exeter HSA had “good,” “very good” or “excellent” health. This was significantly higher than the State average of 94.8%. [1999; NH HICAS]
- According to findings from the 1999 NH Health Insurance Coverage and Access Survey 6.6% of the Exeter HSA residents under the age of 65 had a chronic condition lasting at least one year. This did not differ significantly from the State average of 5.9%.
- According to the 1990 US Census 2.7% of the Exeter HSA residents between the ages of 16 and 64 had a work disability and were not in the labor force. The State average was 2.9%.
- The Exeter HSA rate of “premature deaths” (death before the age of 65 for the 18 to 64 age group) was 2.1 per 1,000 population. This was significantly lower than the State rate of 2.6 per 1000 population. [1993-1997; PCAD]
- The Exeter HSA rate of heart disease mortality (3.4 per 1,000 population 25 and over) was significantly lower than the State rate (3.9 per 1000 population 25 and over). [1993-1997; PCAD]
- The Exeter HSA rate of low birth-weight births (52 per 1,000 births) was the same as the State rate. [1993-1997; PCAD]

Observation on Use of Health Care

- According to the 1999 NH Health Insurance Coverage and Access Survey 13.8% of the Exeter HSA population under age 65 were not “extremely” or “very” confident of their access to health care. This was lower, though not significantly, than the State average of 19%.
- According to the 1999 NH Health Insurance Coverage and Access Survey the percentage of people in the Exeter HSA under age 65 who lacked a usual source of medical care was 6.9%. This was the same as the State average.
- 10.7% of Exeter HSA non-elderly residents (under than age 65) did not have a physician visit in the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This was comparable to the State average of 11.7%.
- 17% of Exeter HSA non-elderly residents (under than age 65) did not have a dental visit in the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This was lower, though not significantly, than the State average of 21.9%.

Ambulatory Care Sensitive Conditions = medical conditions that may not require inpatient hospitalization (a stay of at least one night) if timely and appropriate primary care is received.

- The HSA hospitalization rate for rapid onset ambulatory care sensitive conditions, such as pneumonia and other infections, was significantly lower compared to the State: 5.5 per 1000 population, vs. 7.4 per 1000 population. [1993-1998; UHDDS]

- The HSA hospitalization rate for chronic ambulatory care sensitive conditions, such as asthma and diabetes, was significantly lower compared to the State: 3.2 per 1000 population, vs. 4.6 per 1000 population. [1993-1998; UHDDS]
- HSA rates (per 1000 population) for hospital admissions for ambulatory care sensitive conditions across three age groups were lower compared to the State. [1993-1997; PCAD]

	HSA	State	Ratio (HSA/State)
Pediatric	3.8	4.3	0.9
Adult*	5.0	6.1	0.8
Elder*	47.3	57.4	0.8

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)

* = Significantly lower

- HSA rates (per 1000 population) of Hospital admissions for injuries across three age groups were lower compared to the State. [1993-1997; PCAD]

	HSA	State	Ratio (HSA/State)
Pediatric	3.0	3.1	1.0
Adult*	5.1	6.2	0.8
Elder	23.5	26.2	0.9

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)

* = Significantly lower

Observations on Risks to Future Health

- In 1999 unemployment for the Exeter HSA was 2.9%. The State average was 2.7%. [NHES]
- According to the 1999 NH Health Insurance Coverage and Access Survey the percent of the Exeter HSA population with a High School education was 94.3%. This was slightly more than the State average of 92.2%.
- According to the 1999 NH Health Insurance Coverage and Access Survey the Exeter HSA percent of families with an income less than 200% of federal poverty was 11.8%. This was significantly lower than the State average of 21.4%.
- 6.6% of the children under age 19 in the HSA received Medicaid and/or Food Stamps. This percent was significantly lower than the State average of 9.1%. [1993-1997; PCAD]
- 1.6% of adults in the HSA received Medicaid and/or Food Stamps. This was significantly lower than the State average of 2.1%. [1993-1997; PCAD]
- 7.2% of Exeter HSA non-elderly residents (less than age 65) were uninsured for some portion of the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This was significantly lower than the State average of 11.4%.
- 5% of the Exeter HSA non-elderly residents (under the age of 65) did not have health insurance. This was significantly lower than the State average of 9.3%. [1999; NH HICAS]
- 22.9% of Exeter HSA non-elderly residents (less than age 65) did not have dental coverage. This was lower, though not significantly, than the State average of 25.7%. [1999 NH HICAS]

- Selected birth characteristics for this HSA:
 - ✓ The birth rate in the HSA was 319.5 per 1000 women ages 15 to 44. This was significantly higher than the State rate of 279.1 per 1000 women ages 15 to 44. [1993-1997; PCAD]
 - ✓ The Exeter HSA rate of late or no prenatal care was 14 per 1,000 live births. This was comparable to the State rate of 17 per 1000 births. [1993-1997; PCAD]
 - ✓ The rate of births to mothers with less than 12 years of education (69 per 1000 births) was significantly lower in the HSA compared to the State (109 per 1000 births). [1993-1997; PCAD]
 - ✓ The Exeter HSA rate of births to unmarried women was 155 per 1,000 births. This was significantly lower than the State rate of 223 per 1000 births. [1993-1997; PCAD]
 - ✓ The rate of births to teens (17 and younger) in the HSA was 11 per 1000 deliveries. This was significantly lower than the State rate of 14.4 per 1000 births. [1993-1997; PCAD]
 - ✓ The Exeter HSA rate of mothers delivering with Medicaid as a payor was 146 per 1000 births. This was significantly lower than the State rate of 207 per 1000 births. [1993-1997; PCAD]
 - ✓ The rate of mothers who smoked during pregnancy was 131 per 1000 births in the Exeter HSA. This was significantly lower than the State rate of 176 per 1000 births. [1993-1997; PCAD]

Additional Observations

By reviewing census data, it is possible learn more about the people living in a community. Unfortunately, the most recent census data is from 1990. It will be helpful to compare data from the 2000 census (which is underway) to that from 1990 to see how this community has changed in terms of:

- Households with children which are headed by single parents – In 1990, 14.1% of the households in this HSA were headed by a single parent (female headed: 11%; male headed: 3.1%), compared to the State average of 17% (female headed: 13.1%; male headed: 3.9%). [1990; US Census]
- Income distribution – In this HSA, 12.7% of the households had incomes below \$20,000 while 41% had incomes above \$50,000 or more, compared to the State average of 15.2% for households with incomes under \$20,000 and 37 % with incomes of \$50,000 or more. [1990; US Census]
- People isolated by virtue of:
 - ✓ Living alone – In this HSA, 19.9% of the households were classified as “single person” compared to the State average of 21.9%. [1990; US Census]
 - ✓ Not speaking English – In this HSA, 0.7% of the households were linguistically isolated compared to the State average of 1.5%. [1990; US Census]

- ✓ Not owning a vehicle – In this HSA, 14.6% of the population did not have personal transportation available comparable to the State average of 16.1%. [1990; US Census]
- The stability of the population as reflected in:
 - ✓ Not relocated over the past 5 years – In this HSA, 44.7% of the households lived in the same location for at least 5 years compared to the State average of 47.8%. [1990; US Census]
 - ✓ Owned rather than rented – In this HSA, 78.4% of the population lived in owner-occupied housing compared to the State average of 73.6%. [1990; US Census]